

October 10, 2002

Re: Medical Dispute Resolution
MDR #: M2.02.1051.01
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. A physician Board Certified in Orthopedic Surgery reviewed your case.

The physician reviewer **DISAGREES** with the determination of the insurance carrier. The reviewer is of the opinion that a cervical MRI is **MEDICALLY NECESSARY**.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 10, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning MDR #M2-02-1051-01, in the area of Orthopedic Surgery. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of cervical MRI.
2. Correspondence and documentation from carrier.
3. History and physical exam and office notes from multiple examiners and treating physicians, 1999 through 2002.
4. Nerve conduction reports from 2000 and 2002.
5. Radiology reports.

B. BRIEF CLINICAL HISTORY:

The patient is a 41-year-old right-handed social worker with pain in her left shoulder and left upper extremity, allegedly due to injury in ____, described as a direct blow to the left shoulder and arm, with possible traction injury of the left brachial plexus.

C. DISPUTED SERVICE:

A recommendation for cervical MRI study before any further invasive treatment is done has been denied.

D. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE. IN MY OPINION, A CERVICAL MRI IS MEDICALLY NECESSARY.

E. RATIONALE OR BASIS FOR DECISION:

There is reason to believe the mechanism of injury described could cause nerve impairment. Earlier neurological testing was inconclusive, but more recent exams show some evidence of diffuse nerve deficit in the median, radial, and ulnar nerve distribution.

Nerve conduction testing in November 2000 was normal, but in April 2002 there is evidence of median nerve deficit distal to the carpal tunnel, and bilateral radial sensory neuropathy.

Usual and appropriate pain medications, including Neurontin, Klonopin, etc., have been tried. Trial injections of trigger points and various nerve blocks, including left stellate ganglion block, have not had lasting benefit.

Surgery to release the common extensor origin at the left elbow, for lateral epicondylitis, has not helped. Brachial plexus neurolysis has been recommended. A complex regional pain syndrome (reflex sympathetic dystrophy) has been hypothesized and studied. Before further intervention, a cervical MRI is indicated, in my opinion.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then

additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

I certify that I have no past or present relationship with the patient and no significant past or present relationship with the attending physician. I further certify that there is no professional, familial, financial, or other affiliation, relationship, or interest with the developer or manufacturer of the principal drug, device, procedure, or other treatment being recommended for the patient whose treatment is the subject of this review. Any affiliation that I may have with this insurance carrier, or as a participating provider in this insurance carrier's network, at no time constitutes more than 10% of my gross annual income.

Date: 7 October 2002